

CONFERENCE OF CIRCUIT COURT CLERKS
CHILD SUPPORT INCENTIVE FUNDS COMMITTEE

Please use this form to request Project Grants from the Child Support Incentive Funds Committee.

I. APPLICANT INFORMATION

PROJECT NAME: _____

GRANTEE NAME: _____

PROJECT DIRECTOR: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE SUBMITTED: _____ GRANTEE EIN NUMBER: _____ (REQUIRED)

TOTAL AMOUNT REQUESTED: _____ PROJECT PERIOD: _____ Start and End Date)

PAYMENT INFORMATION:

Clerk Grantees: For grants awarded to clerk's offices, project related expenses will be paid directly by the Administrative Office of the Courts.

Non-clerk Grantees: For grants awarded to grantees other than clerk's offices, grant awards will be paid on a reimbursement basis, upon submission of a quarterly grant report and request for reimbursement. Please indicate below information about payments to be made if the grant is awarded:

PAYEE: _____

PERSON TO WHOM PAYMENT IS TO BE SENT:

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

PERSON AUTHORIZED TO APPROVE PROJECT EXPENDITURES:

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

This Project Application has been prepared and submitted by:

Name (printed)

Title

Signature

Date

II. PROJECT SUMMARY

1. Project Description. *Please describe below the nature of the project to be funded by this grant and the types of services to be provided.*

2. Period for Which Funding Requested. *Funding is requested for a period of _____ months to commence:*

☐ July 1, 2008

☐ Other: _____ , _____

3. Needs Identification. *How did you identify the need for this program or service?
Please refer to any data collected to document that need.*

4. Jurisdiction. In what jurisdiction(s) will this service be provided? _____

- 5. Other Funding Sources.** Is or will this project be supported in part by other funding sources? _____
If YES, please list those funding sources below, describe which aspects of the project will be provided through that additional funding, and the duration of the additional funding.
- 6. Participating Organizations.** If this program or service will be a collaborative effort, please list all participating organizations. If this is a program or service that will be provided for a Maryland court by a contractor or private provider other than the organization applying for the grant, please list that contractor or provider.
- 7. Effect on Child Support Program.** How does this project improve the effectiveness or efficiency of the Child Support Program?
- 8. Evaluation.** How will the project be evaluated?

9. Funding. Please indicate below your funding needs for this project over the time period for which funding is being requested.

Description	Project Grant Annual Expenditures A	Project Grant One-Time Costs B	Contributions from Other Sources C	TOTAL Program Costs [A +B + C]
OPERATIONAL EXPENSES Personnel (list positions & itemize salary/fringe for each): 1. 2. 3.				
Contracts/Consultants (list each separately): 1. 2. 3.				
Equipment/Software (list each separately): 1. 2. 3.				
Printing/Photocopying				
Supplies				
Travel				
Other Direct Costs (specify): 1. 2. 3.				
Indirect Costs/Administrative				
TOTALS:				